MARYLAND STATE DEPARTMENT OF HEALTH

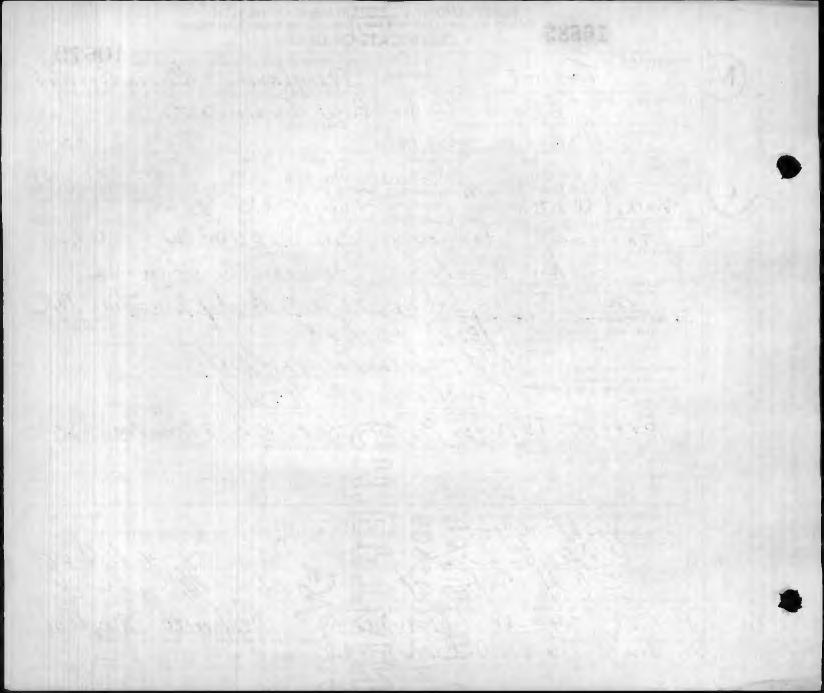
10685 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	-			
,	1.	PLACE OF DEATH O. COUNTY THIS THE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution on STATE b, COUNTY)	on: Residence before admission)
1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EAS to 10 da	c. CITY OR TOWN (Hourside corporate limits, write R	JRAL and give nearest town)
	Ġ	d. NAME OF HOSPITAL (15 pg.) in hospital, give street oddress) OR INSTITUTION OR O	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES A NO
	3.	NAME OF DECEASED (Type or print) Clarence Tighma	n Bishop 4. DATE OF DEATH SEN	by Doy Yeor 3 0 1961
	5. 9	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B CATE OF BIRTH 9. AGE (In year) Second Sec	IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
		during most of working life, even if refired) Tarmer Tarmer Tarmer	STRY (1. BIRTHPLACE (Stote or foreign country) - Carmichael QAC Mid	12. CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME John Brokes	Trances a Th	man_
	15. (Yes	WAS DECEASED EVER IN V. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If 19. or unknown 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Febru M Benker Oc	counter ned
		18. CAUSE OF DEATH [Enter only one couse per line (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ilve	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which (b) Old My Ca	sdist infosets	
		gove rise to immediate couse (a), stating the under- lying couse lost.	of forsil.	
	CATION	PHOLIC OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOR TO STORY	TO THE ATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
-	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PI Hour o. m. p. m. 19 While of work of work	ACE OF INJURY (Home, farm, cory, street, office bldg., etc.)	(County) (State
		21. I certify that (1) (this hospital) attended the deceased from sow the deceased of the ball (1) (1) and that		, 19, that (I) (we) las
		22a. SIGNATURE	M.D. PHYS. MED. STAFF	30 Left 2200 ATT
		22c. PHYSICIAN'S NAME (Type) (V. H. 5chmidt	22d. ADP Capton Mic	ylund
	230	REMOVAL REPORT OF CEMETERY CONTROL OF CEMETERY	OR GREMATORY 23d (QCATION (City, town,	Mary Caul
	C	FUNERAL DIRECTOR'S STENATURE BALTING STAN (ADDRESS)		STRAR'S SIGNATURE

ours after death. Page 4 may retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon popers, Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs first death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HO VR A15 (4) 15M 9/59



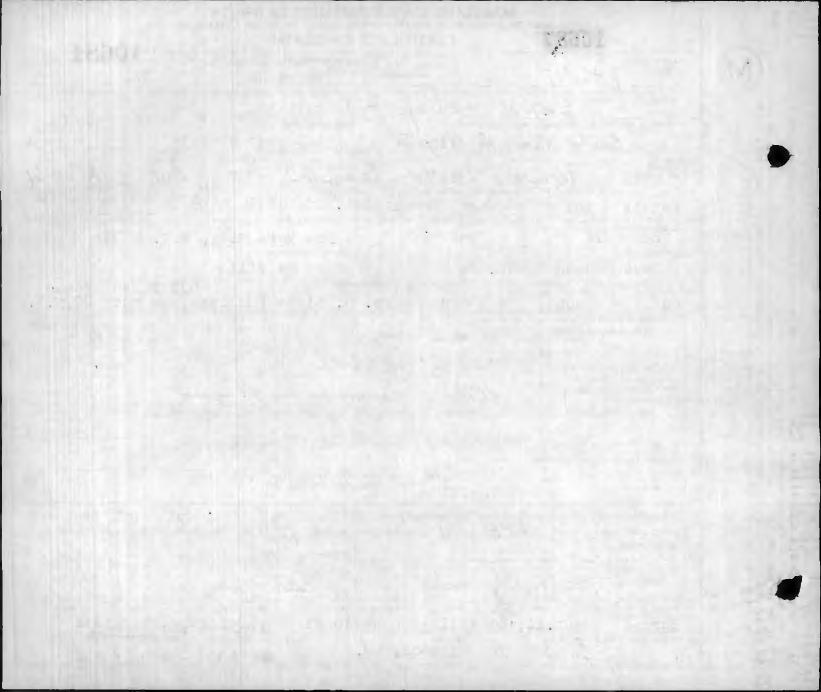
ND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If Institution: Residence before edmission) stal director. Page of for your files. Board of Health, e. COUNTY L. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give naerest town) 100 5h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? refained he State B YES NO 3. NAME OF Middle 4. DATE Month Day DECEASED OF the (Type or print) DEATH 19 Page 5 may be s 1 and 2 with 1 in 72 hours after 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 78 ym. Months Days Hours Min. WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. THIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Above pages 13. FATHER'S NAME PM3 14. MOTHER'S MAIDEN NAME 6 n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no,, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause por line for (a), (b), and (c), Office along burial-transit p INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Conditions, if any, which (h) gave rise to immediate cause Ю DUE TO (e), steting the underlying Examiner 88 pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19, WAS AUTOPSY CERTIFICATION 20 PERFORMED? ease execute the certificate, writing the word Medical should be YES NO W 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I) or Part II of Item 18.) should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho recent prior to burial, PRIMARY [or CONTRIBUTING [CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (Slote) factory, street, office bldg., etc. Not While Hour a.m. et work | et work p.m. 21. I certify that I look charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion death resulted from: // Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION, (City, town, or country) (Stote) REMOVAL (Specify) 40 MRIA FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR ! 24b. REGISTRAR'S SIGNATURE VS. AISME Outhur & House 5M 9/60

I Nation that I make a first that 120.00 CROWNER PROFESSION Charles and the control of the contr 1 1 OCA 1 1 A second second

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH	ALBOT	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryla	ere deceased lived. If institution b. COUNTY	n: Residence perore comission) Talbot
b. CITY OR TOWN (I	f outside corporate limits, w	rite c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	utside corporate limits, write RU	JRAL and give nearest lown)
RURAL and give ne	EASTON	1. 2 days	P9 Easton		
d. NAME OF HOSPIT OR INSTITUTION	ASTIN Memili	rial Hospital	d. STREET ADDRESS	est Street	e. IS RESIDENCE ON A FARM? YES NO Z
3. NAME OF DECEASED (Type or print)	First	CARUTHERS.	Bower Lind.	4. DATE Monti	1 Day Year 12 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR OF UNDER 24 HRS
Female	White wit	DOWED DIVORCED	Oct. 26, 18	391 log bythday)	Months Doys Hours Min.
100. USUAL OCCUPATIO	ON (Give kind of work done king life, even if ratired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewo		Housewife	New Yor	k City, N.Y.	. USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Dave I	Hennen Caru	thers	Mary Mel	ville	
1S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		NFORMANT	63 6 dd7	Fifth Avenue
no	none	ukn Mrs	. G.Hilmer		w York 20, N.Y.
	TH (Enter anly one cause ; TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line, for (a), (b), and (c).]	K/K		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a		Tradical eles	tuction		(3/
couse (o), stoting lying cause last.	\ DUE TO	Recurrent Ge	eniame of e	ofle agus	3 160
S	IER SIGNIFICANT CONDITIC	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART I(0) 19. WAS AUTOPSY PERFORMED?, YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	'art I or Part II of îlem 18.)	
Zoc. TIME OF INJUR Have a. m. p. m.	V	Od. INJURY OCCURRED 20s. PL Vhile Not while for I work at work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	, 20f. (City ar tawn)	(Caunty) (State
saw the deceas	sed alive an 12.5	tended the deceased from.	death accurred at/2		d on the date stated above
22c. PHYSICIAN'S NAME (Type)	- d	. /	M.D. PHYS. DIE	RECTOR STAFF	13/4/4/
(Tronc (Type)	ITIURSTUN .	HARRISON	Carta	« Mary land	- 1/13/4
23a. BURIAL, CREMATIC REMOVAL (Specify) BUTIAL	Sept.14.	61 Arlington N		23d. LOCATION (City, town, o	r county) (State) Virginia
24. FUNERAL DIRECTOR		ADDRESS Easton, A	25a. REC'I		TRAR'S SIGNATURE



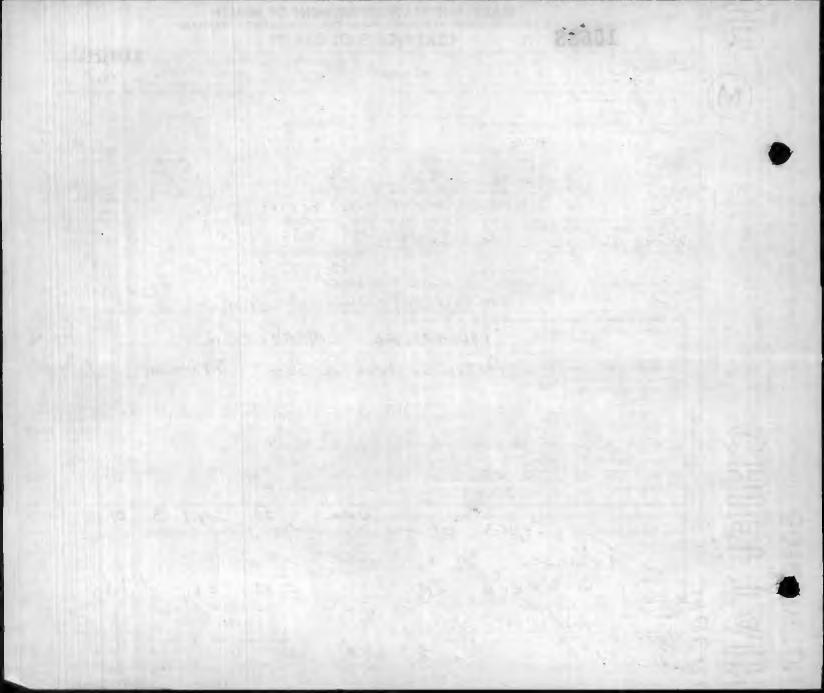
irs after death. Page 4 TO FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled toy the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs offer, death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO HOSPI

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Religience before butinission)
o. COUNTY Jacket MARYLAND	a. STATE Marchand b. COUNTY Jalbut
b. CITY OR TOWN (If autside corporate limits, write RURAL authors rown)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR-HISTITUTION Mayerial Hagfilal	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Recommend Alexanders	Brook 4. DATE Manth Day Year DEATH SELLA, 8 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS. In under 24 Hrs. Months Doys Haurs Min. Worths Months Months Months Months Months Months Min. Months Min. Months Min. Months Min. Months Min. Months Min. Months Months Months Months Months Min. Months Mon
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRICT OR IN	TRY 11. BIRTHPLACE (State or sozign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Brooks	Lapetale Wheely
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (1987 Top of unknown) (If yes, give war or dates of service)	loaned Fuder Bent mis
couse (o), stating the under. DUE TO	INFARCTION INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH HOUR POLY OR
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED that a.m. While Not while at work at work	ACE OF INJURY (Mome, form, 20f. (City or tawn) (County) (State) ctory, street, office bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased framsaw the deceased alive an Sept. 3	Jan. 1950, to Sept. 3, 1961, that (1) (we) last leath accurred at A&M, from the causes and an the date stated above.
	ATTENDING STAFF SIGNED PHYS. ATTENDING PHYS.
22c. PHYSICIAN'S NAME (Type) SI KRECH TR	EASTON, Md.
230. BURIAL OREMATION. 236 DATE THEREOF 23c. NAME OF CEMETERY O	Leef Caston And
21 parties torrector salarituse Courtes	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE P 1 3 '61 Chelman S. Khana



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, if Institution, California admission) HEALTH DEPT. 1. PLACE OF DEATH a. COUNTY_ files. Health, Page b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporale limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. RURAL and give nearest town 10N IUYK e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARMI YES NO NAME OF Middle Lasi 4. DATE Month Day Year DECEASED the DEATH (Type or print) 1961 after with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. SFY Page 5 may as 1 and 2 with in 72 bours a lest birthday) Months Days Hours WIDOWED N DIYORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign spunity done during most of working life, even if retired) A boreR tactur P.M.3. P. pages I within 13. FATHER'S NAME 14. MOTHER Corge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. I INFORMANT Address Ankown) | (Ifyesgive verordates of service) Saltemere Perm 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): INTERVAL BETWEEN burial-transit moval, and In ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PERFORATING WOUND OF HEART IMMEDIATE CAUSE (a) IMMED Office **DUE TO** AUTO ACCIDENT Conditions, if eny, which [b] paye rise to immediate cause DUE TO (a), stating the underlying S cause last. used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 YES TH NO 4 D 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part I or Part II of item 18.1 should interest PRIMARY | or CONTRIBUTING | PASSENGER IN CAR INVOLVED IN TWO CAR COLLISION Chief age 3 MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) The C. Page 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While LASTON ALBOT WD . at work at work X ROAD should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ly Inspection Inquiry and in my opinion Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TH EXAMINER'S WELTY NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, lown, or country) (State) 22Ь. TENDOVAL (Specify) 240g O HIVER 240. REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE **AUNERAL DIRECTOR** SEP 2 2 '61 VS. A15ME Other S. Kraus 5M 9/60

PRESIDENT CONTRACTOR OF LEVEL 1 THUS INDOM Kirthwell - Treft -Comeles 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 0690 director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved. If institution- Residence before admission) o. COUNTY o. STATE filed b. COUNTY MARYLAND after death uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town), EASION d NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF Middle 4. DATE Month Doy Yeor DECEASED OF within 24 fille (Type or print) DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys DIVORCED [WIDOWED [Δ. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? EIRTHPLACE (State or foreign country) during most of working ife even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI othending | requires that the death CAUSE OF DEATH [Enter only one couse per line for 40) (b), ondy (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ars. IMMEDIATE CAUSE (o) the DUE TO Conditions, if any, which (6) gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost Ben PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? cremation YES NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while this of work of work p. m 2) I certify that (I) (this hospital) attended the deceased from hed and that death accurred \$17.74 M, from the causes and on the date stated above. saw the deceased alive on DIRECTOR 220 SIGNATURE 22b, DATE SIGNED ATTENDING PHYS. STAFF PHYS. MD. DIRECTOR | 22c PHYSICIAN'S 22d. ADDRESS NAME (Type BUR AL CREMATION. 236 DATE THEREOF NAME OF CEMETER CREMATORY 216 LOCATION City town or count REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATUR ADDRESS 25a. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR VR A15 (4) ISM 9/59



TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be an ed by the hospital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fittles. By the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be fittles. The State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

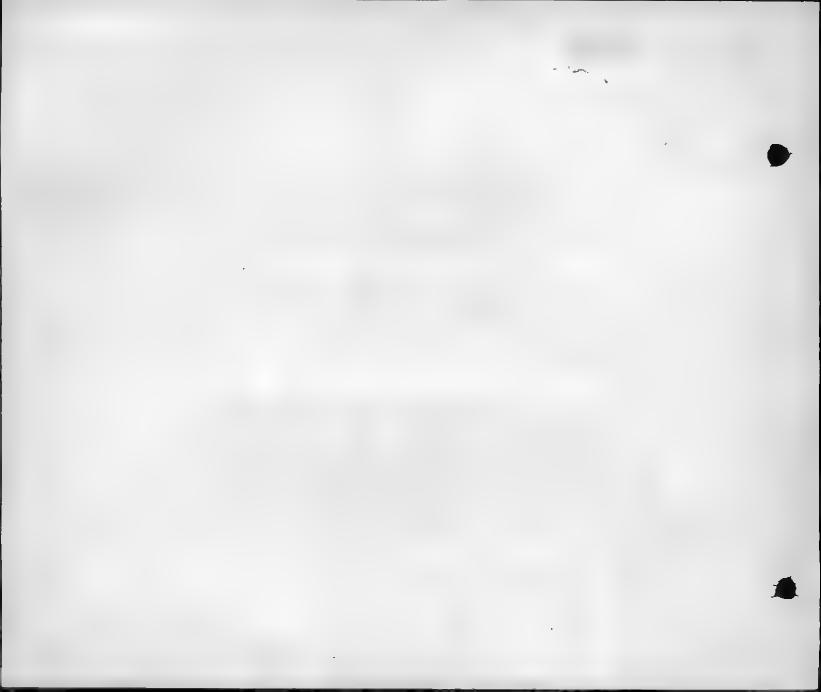
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10001

10691

1 PLACE OF DEATH		2 USUAL RESIDENCE (Who		ion: Residence-bell & admiss on)
TALBOT.	MARYLAND	Maryla	nd b. COUNTY	Caroline V
b CITY OR TOWN (If outside corporate limits, write c L RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	itside carporate limits, write f	RURAL and give nearest lown)
EASTON		Presto	n	(2, X -7
d NAME OF HOSPITAL (If not in hospitot, give street address.) OR INSTITUTION	ess)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
MENICRIAL HOSPIT	4/	Maple	Avenue	YES NO 🔀
3 NAME OF First	Middle	Lost	4. DATE Moi	nth Day Yeor
(Type or print) FLORENCE B	ELLE	DEAN	DEATH SEPT	12 1961
5 SEX 6 COLOR OR RACE 7 MARRIED	■ NEVER MARRIED ■	B DATE OF BIRTH	9 AGE vin years	
Female White WIDOWED X	DIVORCED 🗍	May 28, 188	4 lost pirthday) yrs	Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	O OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole of	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	usewife	Marylan	đ	USA
13 FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
William T. Blades		Alice D	ukes	
15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCI	IAL SECURITY NO 17 IN	FORMANT	Ado	iress
	one Ha	yward W. De	an, Preston	, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for	r (o), (b), and c).]			INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY	Bictenem	ic Sheek.		12 10000
609 Y DUE TO G	5			
Conditions if any, which the	9.11261 0	Oticemia		60093
gove rise to immediate DUSTO			1	2 1-
couse (a), stoting the under-	etc Grein.	and Turkey	Lon	SWAZ
PART IN OTHER SIGNIFICANT CONDITIONS CONT	TRIBUT NG TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL D SEASE CONDIT ON GE	VEN IN PART 1(a) 19. WAS AUTOPSY
	in Elfout	Giseone · For.	octor. FRT	FALLE YES NO DE
20g ACCIDENT WAS UNDERLYING [] 20b DESCRIBE		Enter noture of injury in P		
	in Yord n	exlyo her h	me	
		ACE OF INJURY (Home, form, fory, street, office bldg , etc.)	20f (City or lown)	(County) (5tote)
Hour o.m. 7/2 7 19 While	1901 WILLS A. P.	true	Vieste	Cordinio Illa
21 I certify that (I) (this haspital) attended	the deceased from a	11/0, 20 , 19;	75, 10 9/12	, 19_5/_, that (I) (we) last
saw the deceased alive an	_19_4/ , and that d	leath accurred at 334.	M, fram the causes a	nd an the date_stated above
220 SIGNATURE		17610116		22b. DAJÉ 25 SIGNED
July W. Vlum	4		D. STAFF	//3/~~
22c PHYSIC AN 5/ NAME ATWORD 12 72/		22d. ADDRESS	- 1/1 /	1. /6/
HUROLD IN. 1141	nmcR	/nej/n	7 Morge	ncf
230 BURIAL, CREMATION, 236 DATE THEREOF 23	NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town,	or county) (State)
Burial Sept.15, '61 M	ethodist 0	hurch	Preston, 1	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I	BY REGISTRAR 255 REG	ISTRAR'S SIGNATURE
If M Hollin	TRESTON	MD DATE	101 10 01	
7 7				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND DECORDS

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CE	RTII	FIC.	ATF	OF	DI	HTA	١

	10692 CERTIFICA	TE OF DEATH
_	PLACE OF DEATH a. COUNTY A-lbc+ MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give neagest lawn) C. LENGTH OF STAY IN 1b	2 USUAL RESIDENCE (Where deceased lived If institution Residence (Control of STATE MARYLAND b. COUNTY OF CENT ANN C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_	EASTON d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION EASTON Memorial Hospital	d STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) MARION F. Middle	Jerett DEATH September 2/ 1961
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH Sept. 18, 1874 9 AGE (in years lift UNDER 1 YEAR IF UNDER 24 HR Months Days Mours Min.
Oo	JUSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDU during most of working life even if refired)	ISTRY M BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTR A S CL.
13.	ANIOS EVERETT	Victorial HAUNKINS
	WAS DECEASED EVER IN J. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. III II. no, or unknown) (If yes, give wor or dates of service) 220-16-9740	Address Address LLL EVERETT Lhursch Hill
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate couse (a), stating the under. Lying couse last.	lastic Seast Dis. Merval Between ONSET AND DEATH GAS.
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES \(\sqrt{NO} \)
CERT FI	20g. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port I or Part II of item 18)
MEDICAL		LACE OF INJURY (Home, form, 20f. (City or lawn) (County) (Stot ctory, street, office bldg., etc.)
		death accurred at 12 M, from the causes and on the date stated above
	220 SIGNATURE CAMBO S. Butley 220 PHYS CIANS	M.D. ATTENDING MED DRECTOR STAFF G-2/-/
	NAME (Type) Donald F. Bartley	M. D. Easton, Maryland 9/21/61
23<	REMOVAL (Specify) 235 DATE THEREOF 236 NAME OF CEMETERY C	DR. CREMATORY 23d LOCATION (City lown, or county), (State, D. C. D. C. D. H. L. L. W. D.

Church

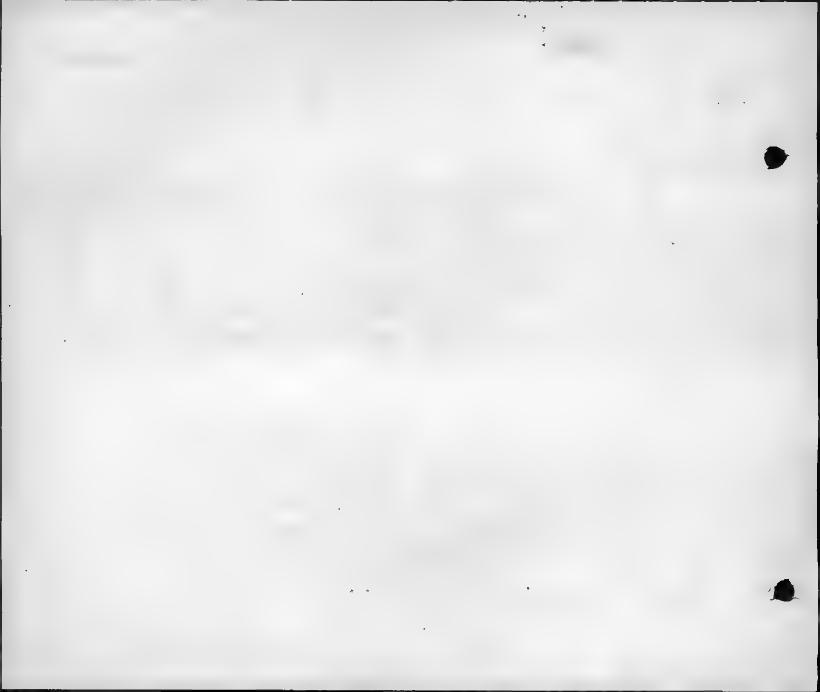
25b REGISTRAR'S SIGNATURE

250 REC'D BY REGISTRAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaind, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hg TO HOSP VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE

urs after death Page 4



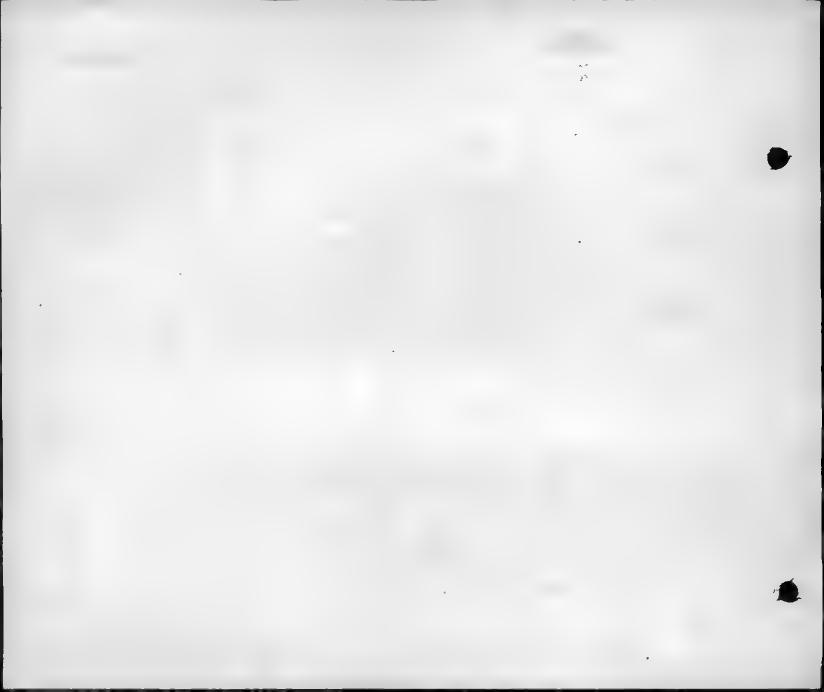
VR A15 (4) 15M 9/59

PERSONAL PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10693

1. PLACE OF DEATH 6. COUNTY	Calbot		MARYLAND	2. USUAL RESII	oence (wi aryla	ere deceased	lived. If institution b COUNTY	r. Resker 6	
RURAL ond give	and the second second	s, write	c. LENGTH OF STAY IN 16	X .			ote limits, write R	URAL and give no	earest town)
L NUMBER OF LOCK	*bank "TAL (If not in hospitol, gr	ive street or	ddress)	d. STREET A	airb;	ank		-	e. IS RESIDENCE
OR INSTITUTION	Tilghman'	s Is:	land			ma n's	Island		ON A FARM? YES NO
3 NAME OF DECEASED	First		Middle	Los	ŀ	4 DATE	Man	th D	Day Year
(Type or print)	Joseph		Frank	Fairb	ank	DEATH	Septem		19 6
5 SEX		7 MARRIE	ED NEVER MARRIED	B DATE OF BIRTI	4		9. AGE (In years last birthday)	Manths Days	R IF UNDER 24 HR
Male	White	WIDOWED	DIVORCED .	April	13, 18	876	85 yrs.	7.1.3.1.1.1.	INGOIS MICE
10a USUAL OCCUPAT	ION (Give kind of work dirking life, even if retired)	lane 10b K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State	or foreign ca	uniry)	12 CITIZEN C	OF WHAT COUNTRY
Farmer-			griculture		ylan			US.	A
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME			
Jose	oph Fairba	nk		Fr	anci:	s Har	rison		
15 WAS DECEASED EV	ER IN U.S. ARMED FORCE	CES? 16 S	0 10 1 10 10	NFORMANT			Addi	ress	
no	none	2/9	9-34-3120 m	s.Flore	nce ,	A. Fa.	irbank,	Tilgh	man, Md.
Canditions, if gove rise to couse (o), stoling lying couse lost	any, which (b) immediate g the <u>under-</u>	-	Semilati	on faci		4/1/11	ed (for	garanico	1/2/2
PART II O' 200 ACCIDENT W OR CONTRIBUTION IF EITHER, NOTIF			DUB <u>HEATH</u> BUT	_				'EN IN PART 1(a)	PERFORMED?
10 1	VAS UNDERLYING [] IG [] CAJSE OF DEATH Y MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY OCCURRE	D. (Enter noture o	f injury in I	Part I or Part	If of item 18.)		
Y 20c TIME OF INJU	10	While of work	Not while fa	ACE OF INJURY (ctory, street, office			or town)	(County	(Stat
21 I certify th	at (I) (this haspital) attende	ed the deceased fram	JAIMIL	19_	6-1.ta_	[] [] [] [] [] [] [] [] [] []	2314/-1.1	that (I) (we) la
	ased alive on	7.7	2-19/21 , and that a	eath occurred	d at Al	M, fram	the/causes an	d on the dat	te stated above
220 SIGNATURE	107 11 1	260	217 (10)	M D PHYS	G ID MI	ED RECTOR	STAFF PHYS		226. DATE SIGNE
22c PHYSICIAN'S		-	1	22d. ADDR	ESS				
NAME (Type)	Guy Reese	r, S	r., M.D.	Ti	1ghm	an, M	aryland		
23a BURAL, CREMAT		F	23c NAME OF CEMETERY C	R CREMATORY		23d LOCAT	ION (City, town,	or caunty)	(Stote)
REMOVAL (Specif	9/25/6	1	Fairbank C	emeterv		Til	ghman.	Maryla	nd
24 FUNERAL DIRECTÓ	RS SIDNATURE	7202	ADDRESS		250 REC'	D BY REGIST	-	STRAR S SIGNAT	URE
J. 126	eds Moore		Tilghman,	Md.	DATECT	P 2 6 '6'	Gu	Ilmy 8 Kra	.eA
						and the second second	700		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

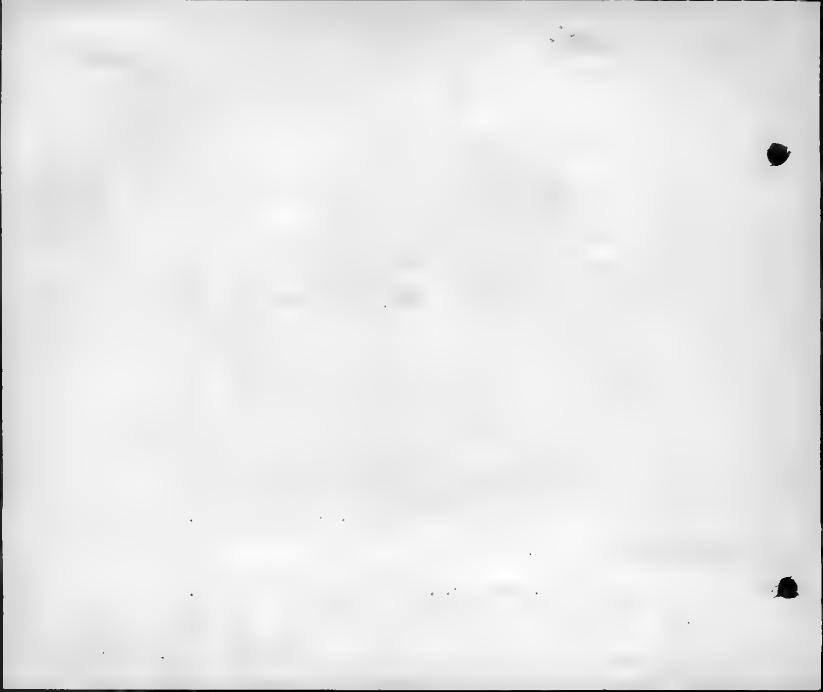
10694

1 PLACE OF DEATH G. COUNTY TO 1	MARYLAND	2 USUAL RESIDENCE (When	re/deceosed lived b	If institution Residence COUNTY	be oce of vission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawa)	TH OF STAY IN 16	C. POTY ON TOWN (IF OU	tside corporate limi	Is, write RURAL and go	ve nearest town)
d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUT ON	Hesp	d STREET ADDRESS	1		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) PARDA A	Middle	/ Gastasa	4. DATE OF DEATH	Month	Doy Year
(C)Vivola	NEVER MARRIED DIVORCED	B DATE OF BIRTH- 18	9 AGE	irthday) Months	I YEAR IF UNDER 24 HRS. Doys Hours Min.
104. USUAN OCCUPATION (Give kind of work done 10b KIND Of during most of working life, eyen if refired)		STRY 11_BIRTHPLACE (Stole of		3 yrs 12.CITIZ	EM OF WHAT COUNTRY?
13. FATHER'S HAVE	annon	14-MOTHER'S MAJOEN TYA	ME Plice	Lyne	le le
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) Ilf yes, give wor or dotes of service 2/3-	ECURITY NO 17 4	HORMANT Margar	uite s	ullway	Easter Mc
18. CAUSE OF DEATH [Enter only one cause per line for (a) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Out to Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	(b), and (c).]	Derotie A	infa eart d	isease	Unknown
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	JTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE COND	ITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Port II of de	em 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY O Hour o m. p. m. 19 of work ☐ at	t while for	ACE OF INJURY (Home, form clary, street, office bldg., etc.)		o) (Co	ounty) (State)
21 I certify that (I) (this haspital) attended the saw the deceased alive an	ruses and on the	date stated above 226 DATE SIGNED			
22c PHYSICIAN'S NAME (Type) Robert W. Trever,		22d ADDRESS	Marylan		
230 B. RIAL, CREMATION, 236 DATE THEREOF 196 236 N	ANT OF CEMETERY C	R CHEMATOSAY (Ly)	CASI	Howa or county) .	Milde)
24 FUNERAL DIRECTOR'S S.GNATURE AC	GRESS-Hon), Md 250. REC'D	P 2 0 61	256 REGISTRAR'S SIG	

deady the funeral director, Jana 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be _____ned by the trasp tall or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after deap. TO HOSPI

VR A1S (4) 15M 9/S9



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

66555	CERTIFICA	IE OF DEATH	1068	8
1. PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (Where deceased live a. STATE.	ed. If natitution Residence bei	fore admission)
IAIDOT		Marylas	falled	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16	c CITY OR TOWN IN Straide corporate	limits, write RURAL and give n	earest tawn)
d NAME OF HOSPITAL (If nat in hospital, give street ac OR INSTITUT ON	idress)	d. STREET APPORESS	<u> </u>	e IS RESIDENCE
EASTON MEMORI	a /	2030saw 4.		YES NO P
3. NAME OF First	Midd e	Last 4. DATE OF	Manth (Day Year
(Type or print) MARTING	50/9	BOROUGH DEATH .	JEpt- 7	7 196/
S. SEX A. 6. COLOR OR RACE 7. MARRIE WIDOWED	INEVER MARKIES	B. DATH OF BIRTH /	st birthdoy) Months Days	R IF UNDER 24 HRS Hours Min.
10a USUAL-BCCUPATION (Give kind of work done 10b. UF		STRY 11. BIRTAPLACE (State or joreign country	yrs. 12.CITIZEN (DF WHAT COUNTRY?
duting most af wasting life even if retired)	en Home	Maryland	4.0	1.0
13 FATHERS NAME	11 1	14 MOTHER'S MAHEN NAME	1.0	
Trayeris Carrolf Tole	depetorish	May sed tolds	between.	
15 WAS DE EASED EVER IN U. S. ARMED FORCES? 16. SC	CIAL SECURITY NO 17. IN	Cilled Tollat	no End	on MI
1B. CAUSE OF DEATH [Enfer only one couse per line	for (a) (b) and (c)]			TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Ruphend au	sea dum	O	NSET AND DEATH
- 20. / DUE TO	1 1.6	1. 1. 1.		a lane
Canditions, if any, which (b) (b)	rig; carain	in factor	3	sky
cause (o), stating the <u>under-</u> lying cause lost.	Thur dust.	Caron my Kurm	hui	
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERMINAL DISEASE CO	PNDITION GIVEN IN PART 1(0)	PERFORMED
5			C 24 10 3	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II o	ir iram 10.)	
	f	ACE OF INJURY (Home, farm, , 20f. (City ar I	tawn) (Caunt	y) (State)
Haur o.m 19 While of work	IAOL MDHS			
21 I certify that (I) (this haspital) attende			* /	that (I) (we) last
saw the deceased alive on 7544	19.0/, and that d	leath occurred at 7 70M, from the	causes and an the da	
Jesu fra Hain w	~	ATTENDING MED.	TAFF HYS.	95 LATE
22c PHYSICIAN'S NAME (Type) HURSTON HAD	201522)	22d. ADDRESS	· Cand	
		Chapter July	1 Care	
238 BURIAL, FREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d 100Ayyon	(City, 16wn, or county)	Med
24 FUNERS DIRECTOR'S SELECTION	APORESS	250. REC'D BY REGISTRAR DATESEP 1 3 '61	256 REGISTRAR'S SIGNAT	
vaccacay 1	engre n 11	DATEOLI	Corner D. Ma	W.



ours after death. Page 4 may be ned by the hospital ar attending physician.

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VR A15 (4) 15M 9/59

10696 DIVISION OF STATISTICAL RESEARCH A	ATE OF DEATH
1. PLACE OF DEATH O COUNTY Lawrence MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution in the property barrier admission) b COUNTY LA LIA
b. CITY OR TOWN (If outside corporate limits, write CLENCTH OF STAY IN 16 STAY IN 16 CULLULA Life	c. SLDVOR JOWN (If outside corporate limits, write RURAL and give nearest lown)
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Peorge Milton Middle	Lost of Death Phonth Poy Year 6 1
6 COLON OR PACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 OATE OF BIRTH 4 1902 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 4 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BURTHACE (State Proreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATTERS NAME JULIUWOOD	14. MOTHER'S MANDEN NAME REOTOTO LO 1- LIN JOA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (19 yes give wer or dofes of service 217-20-6542-M	ilton Greenwood Centreville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	OCCLUSION T INTERVAL BETWEEN ONSET AND DEATH
420.1 DUE TO MUCCADD	IAL INFARCTION 2MO-
gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING D OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OCCUPANT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Port I or Part II of Item 18.)
	LACE OF INJURY (Home, farm actory, street, office bldg., etc.) 20f (City or town) (County) (State)
21 I certify that (I) (this hospital) attended the deceased from, saw the deceased alive an 9-2 1961, and that	death accurred of MHam the causes and an the date stated above
William L. Writters.	M.D. ATTENDING MED. STAFF PHYS PHYS PHYS PHYS PHYS
22c PHYSICIAN'S NAME (Type) WILLIAM L. WINTERS	210 E DOVER EASTON /H.
230 BUR A. CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OF REMOVAL (Specify) Sept. 2, 1961 Johns Hil	OR CREMATORY 23d OCATION (City, fown or county) (State) (State)
Maurice E. Newwam 450N Eastow, W	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE SEP 1 4 '61 Carlling & Trans



VR A15 (4) __1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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DIVIDIO O	Stutisticate recovered butto	KEGGKOO DAGII
0697	CERTIFICATE	OF DEATH

1.	PLACE OF DEATH	bot	7	MARYL	AND	2. USUAL RESIDENCE (When	re deceased lived. If insti 1 d b. COUN	Iutian: Residence bete NTYTalbot	(Campston)	
_	b. CITY OR TOWN (IF	outside carporate	limits, write	c. LENGTH OF STAY IT	V 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)				
	RURAL and give ne	ton		3 days		X Tilghma	an			
	d. NAME OF HOSPITA		tol, give street			d. STREET ADDRESS			e IS RESIDENCE ON A FARM?	
	OR INSTITUTION	220 S.	Washi	ngton St.		none	8		YES NO	
3.	NAME OF	· ·	First	Midd'e		Lost	4 DATE /	Vionth De	y Yeor	
	DECEASED (Type or print)	Dor	othy	Burg		Hartshorn	DEATH Septe	mber 3	19 61	
5 :	SEX	6. COLOR OR RA	ACE 7. MARE	RIED NEVER MARRIED	В	DATE OF BIRTH	9 AGE (In year last birthdo		Hours Min	
	Female	White	woalw 6	ED DIVORCED		May 17, 189	94 67	yrs. Months Days	Hours Min	
10a	USUAL OCCUPATIO	N (Give kind of w	rark done 10b		INDUST	RY 11. BIRTHPLACE (State of			F WHAT COUNTRY?	
	housew	ork		housewife		New Yor	K.	USA	•	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NA				
		E	Burg			un	known			
		IN U.S. ARMED		SOCIAL SECURITY NO.	17, INF	ORMANT	22	Wes. Wash	ingtonSI	
,,,,	no	none	a or services	ukn.	Nic	cholas R. H	artshorn,	Easton,	Md.	
	1B. CAUSE OF DEA	TH [Enter anly or	ne couse par li	ne far (a), (b), and (c).]		0 1			ERVAL BETWEEN	
	PART I. DEA	PART I. DEATH WAS CAUSED BY.								
	4 20 MMEDIATE CAUSE (0)									
	Candilians, if any, which)									
	gave rise to in	nmediale (E TO							
	cause (a), stating t lying cause lost.	ine under-	(c)							
ATION	PART II OTH	ER SIGNIFICANT		CONTRIBUTING TO DEA	TH BUT h	NOT RELATED TO THE TERMIN	IALD SEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
3	20c. TIME OF INJUR	Y Manth, Doy,	Year 20d. I	NJURY OCCURRED		CE OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)	
MEDICAL	Hour a.m.		19 of wor		race	ary, street, office bldg., etc.)				
-45		t (I) (this hasp	oital) attend	ded the deceased f	ram	, 19_	, .fo	, 19, t	hat (I) (we) last	
	saw the deceas	ed alive an		19 , and	that de	eath accurred at 2A1	M, fram the causes	and an the date	e stated abave	
	220 SIGNATURE ATTENDING MED. STAFF SIGNED									
	22c PHYSICIAN'S		1			22d. ADDRESS				
	NAME (Type)	rthur I	B. Cec	11.Jr. M.	D.	Easton.	Maryland			
230	BURIAL, CREMATIO	N, 23b DATE TH		23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCATION (City, tax	wn, ar county)	(State)	
0	Crema tion	Sept	.5.161	Fort Lin	col	n Cemt.	Bladensbur	rg. Maryl	and	
-	FUHERAL DIRECTOR			ADDRESS		2So. REC'D	BY REGISTRAR 25b. R	EGISTRAR'S SIGNATI	JRE	
有	V Pramp	or Car	roll-f	Easton,	Md	• DATE SET	8 161	2-Thun & Kin	est .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

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MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 10698 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Resid a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If guitable corporate limits, write RURAL and give nearest town) RURAL and give nearest town? de 644 3 EASTON d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? EASTEN YES | NO morel 4. DATE Middle Last Month Day Year DEATH entember 15 1961 9. AGE (Ih years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH flast birthday) Months DIVORCED WIDOWED [USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BORE 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO by els upphis tis Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19 WAS AUTOPSY PERFORMED? YES NOT 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 120f. (City or town) 20d INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work 21 | certify that (1) (this haspital) attended the deceased from and that death occurred at (235%, from the causes and an the date stated above. saw the deceased alive on. 22a SIGNATURE 226 DATE SIGNED M.D. PHYS MED DIRECTOR aller 22¢ PHYSICIAN'S 22d ADDRESS NAME (Type) aufu 23q BURIAL CREMATION, 236 DATE THEREOF CEMETERY OR CREMATORY LOCATION (State) REMOVAL (Spefify)

256 REGISTRAR'S SIGNATURE

arthur & Krates

25a REC'D BY REGISTRAR

a. COUNTY

NAME OF

SEX

MEDICAL

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRES

DECEASED

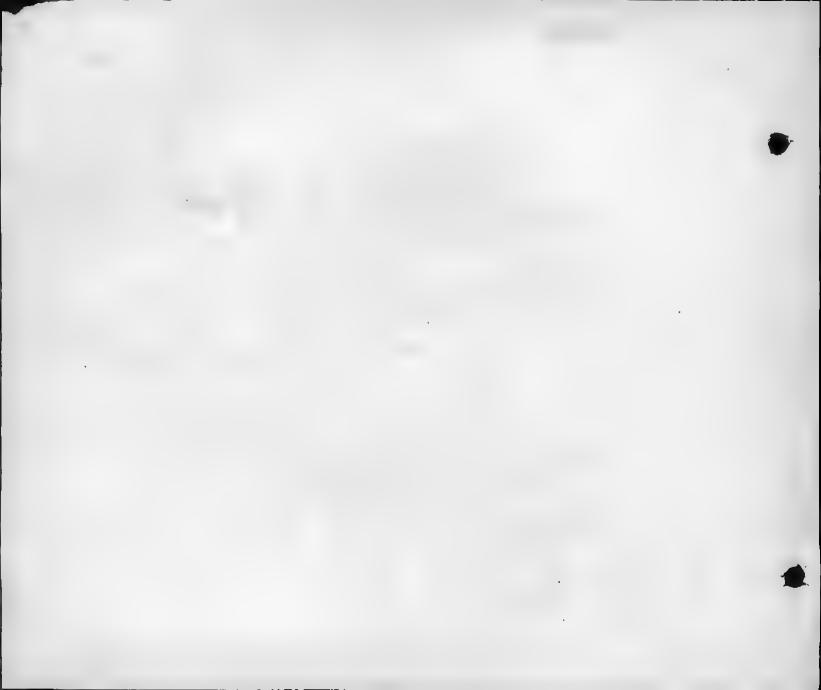
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VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 10699 CERTIFICATE OF DEATH

F	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence of Action) o. COUNTY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) T. M. Chazls At S.
•	d. NAME OF HOSPITAL (If not an hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES NO [2]
1	NAME OF DECEASED (Type or print) NAGO: A DATE Month Day Yeor OF DEATH
İ	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE 1 years IF UNDER 1 YEAR IF UNDER 24 HRS 1 PACE 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED DIVORCED No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ì	100 USJAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or greign c. ntry) LA boves 12 CITIZEN OF WHAT COUNTRY LA boves 13 CITIZEN OF WHAT COUNTRY
-	13. FATHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, ex. orlymphomn) If yes, give war or dottes of service) 377-053856 & maile lenking 5 Social Security No 17 Informant
	18. CAUSE OF DEATH [Enter only one couse per time for (a), the load (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) PERSTENDING (BURNING AGENCY AGENC
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTING OR ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IN CHIEF CONTRIBUTION OF CONTRIBUTION O
	20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a.m. While Not while of work of
	21 certify that 1) (this haspital) attended the deceased fram / 100 . 1900 to 12 feet . 1901, that (1) (we) lass saw the deceased alive an
	220 DAYLE SIGNED ATTENDING DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DI
	NAME (Type R. LANE VIVOTA 22d. ADDRESS
	230 BERIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) (Stote)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE ADDRESS TH



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** — BALTIMORE 1, MARYLAND 10700 CERTIFICATE OF DEATH director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission o. COUNTY o STATE 6 COUNTY MARYLAND The funeral should be fil b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR JOWN (If butside corporate limits, write RURAL and give negrest town) RURAL and give necrest town) d. NAME OF HOSPITAL (If not in hospito, give street address) d. STREET ADDRESS OR INSTITUTION Memuria NAME OF DATE Middle 4. Month DECEASED Filled requires that the death certificate be executed within 24 Roges Poth (Type or print) DEATH 9 AGE (In years last birthgoy) SEX 6 COLOR OR RACE MARRIED NEVER MARRIED DAJE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS completely Manths offer WIDOWED 🕅 DIVORCED [100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 711. BIRTHPLACE (State or foreign country) during most of working life felen if retired) Viruseun oug 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. & ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address attending eose CAUSE OF DEATH [Enter only one cause per-line for (a), (b) and (c) ā PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o the DUE TO 6 permit. Canditions, if ony, which been signed gove rise to immediate DUE TO couse (a), stating the underphys cron. lying couse last. burnal-transit ANT IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? cremation, has or oftending 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or fort II of item 18) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm 20f (City or town) Day, Year 20d, INJURY OCCURRED factory, street, affice bldg, etc.) Hour a m While Not while After this at work at work p m. 21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at Man the causes and an the date stated above. 22a SIGNATURE ATTENDING

detached for DIRECTOR pe o ö 3 should FUNERAL age 3 sh 0

VR A15 (4) 15M 9/59

22c PHYS CIAN'S

230. BURIAL CREMATION

PMOVAL (Specify

24 FUNERAL DIRECTOR'S SIGNATUR

23b. DATE THEREO

256 REC'D BY REGISTRAR DATE OCT

23d

DIRECTOR |

PHYS

LOCATION (City, town, or county)

MD PHYS

23c NAME OF CEMETERY OR EREMAJORY

22d. ADDRES#

25b REGISTRAR'S SIGNATURE Orthor S. Kraus

e IS RESIDENCE

Day

Hours

USA

INTERVAL BETWEEN ONSET AND DEATH

NO.

(Stote)

12, CITIZEN OF WHAT COUNTRY?

Dovs

(County)

19_6_/, that (1) (we) last

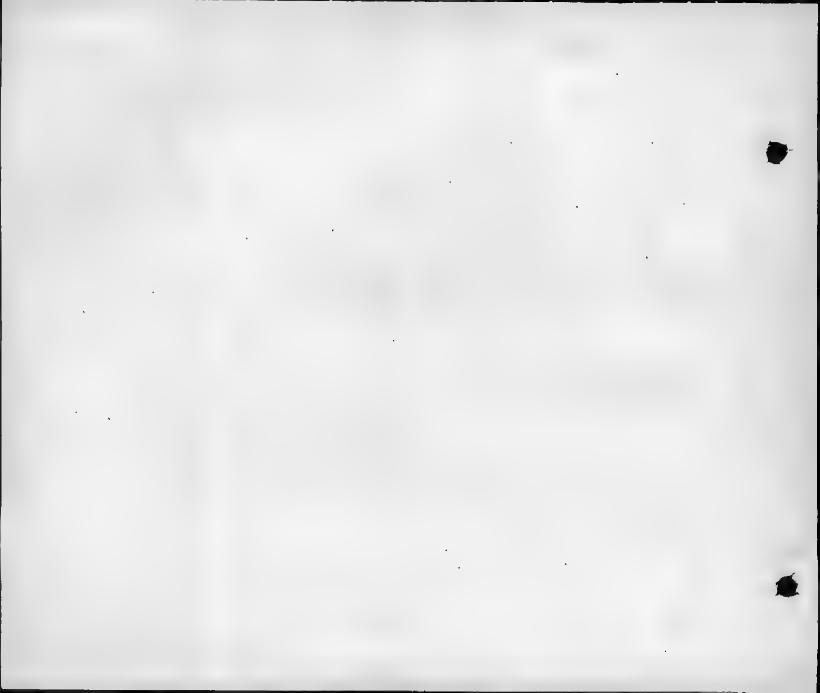
ON A FARM? YES NO NO

Year



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 10701 CERTIFICATE OF DEATH I director, filed with 2 USUAL RESIDENCE (Where degreesed lived If institution: Residence of the bid issuan) PLACE OF DEATH a. COUNTY **b** COUNTY MARYLAND funeral or b. CITY OR TOWN (If outside carporate fimits, write c. I FNGTH OF STAY IN 16 TOWN (If adtaide corporate limits, write RURAL and give regrest town) RURAL and give negrest fawn) should ASTON d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T 4. DATE OF DEATH NAME OF Middle Manth Year filled oges death. (Type or print) Jones 19 9. AGE (In years last birthday) IF UNDER 1 YEAR OF UNDER 24 HRS 6.. COLON OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH campletely Manths Haurs DIVORCED F WIDOWED [7] papers. USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 12 CITIZEN OF MHAT COUNTRY? gs) of working tife, even if retired) puo 13. FATHER'S NAME within remove WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMAN (If yes, give wor or dates of service) attending CAUSE OF DEATH | Enter only one cause per line for (a), (b), and/(c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. DUE TO permit. Conditions, if any, which paubi (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. certificate has been si buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES - NO -20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part til of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month. Day, Year (County) (State) factory, street, office bldg , etc.) Hour o m. While Not while al work at work p. m detached for 21 I certify tha bospital attended the deceased from . _, 19___, that (l) (we) last saw the deceded , and that death accurred at. M. from the couses and on the date stated above. DIRECTOR: GSICNED 22a SIGNATURE ATTENDING PHYS. MED. DIRECTOR å οť M.D. 22c. PHYSICIAN'S 22d. ADDRESS 3 should NAME (Type TO FUNERAL 230 BUR AL, CREMATION, 23b, DATE/THEREOF 23c NAME OF CEMETERY/OR CREMATORY LOGATION (Cyly, tayp, ar county) (Stale) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) Cithur S. Homes DATESEP 2 6 '61 15M 9/59

after death.



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7 L / I	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	4005
1. PLACE OF DEATH d. COUNTY Telled MARYLAND	2 USUAL RESIDENCE (Where receased lived If institution user despersion) 9 STATE b. COUNTY A STATE OF THE STATE OF THE
b CITY OR TO WHO HE where corporate limits, write RURAL and give representation)	c. CITY of COWN (is subside serporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS ON A FARM? 20 S- HANNSMALL. 9 IS RESIDENCE ON A FARM? YES NO ED
3 NAME OF DECEASED (Type or print) Unquia Buller 7	LALLEY 4. DATE OF MONTH DOX YEAR 196/
5 SEX 6. COLOR & RACE 7. MARRIED NEVER MARRIED	B-DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Instrument
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF IN	STRY II BIRTHUACE (State & foreign buntry) 12 CITIZEN OF WHAT COUNTRY?
Trank Bettler	Laura Wally
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 III	Villeam C. Tehning Easton Ind
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	ONSET AND DEATH
DUE TO	
Conditions, if any, which	2 . 22-11-0
gove rise to immediate	
cause (a), stating the <u>under-</u> lying cause lost. Column Colu	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO ACT
	D. (Enter nature of injury in Part I or Port II of item 18.)
	ACE OF INJURY (Home, farm, '20f (City or town) (County) (State)
O Hour o.m. White Not white Too	clary, street, office bldg., etc.)
p. m. 19 of work of wark	
21. I certify that (I) (this haspital) attended the deceased from.	19.56, to
saw the deceased alive on 9/1/196/, and that d	deoth occurred at 46 M, from the causes and on the date stated above.
22c SIGNATURE	22b DATE
13 6	M.D PHYS DIRECTOR PHYS.
72c PHYSICIAN'S NAME (Type)	22d. ADDRESS
230 STRIAL CREMATION 236 PATE THERE 99 96/ 23x TAME OF CEMETERS 9	I celu. Easton Menyland
24 JUNERAL DIRECTORSSICKINTURE WALLEY E- I LEWILDEN FOM EASTER	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CATHUR & Through

VR A1S (4) 1SM 9/59



TO HOSPITATE ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be at a by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	DIAISION OF	SIMIISHOWE RESEMBLE	MIAD	KEGORI	J3	DWFIII
0703		CERTIFIC	ATE	OF	DE/	HT/

1. PLACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence of the Jumpsion)
Talbot MARYLAND	O. STATE MARYLAND & COUNTY OVERN ANNE
b CITY OR TOWN (If outs de corporate limits, write RURAL and give agarest town)	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
Faston 19days	STEVENSVILLE
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Memorial Hocustal	YES NO
3 NAME OF First Middle	Last 4 DATE Manth Day Year
(Type or print) Lilliam House	LOWE DEATH SELTEMBER 4 1961
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [4]	8. DATE OF BIRTH 9. AGE (h years IF UNDER) YEAR IF UNDER 24 HRS
MAILE WHITE WIDOWED DIVORCED	Oct. 26-1888 73 yrs. Months Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF WHAT COUNTRY?
KEALTOR	MARYLAND 1/3/4
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE D, LOWE	LeNORA CRAY
(Va. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	FORMANT Address
M	RS. WM. LOWE STEVENSVILLE MID
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)-]	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY Millian CAUSE (0)	les en acce of the
DUE TO	10000
Conditions, it any, which (b) Column ber	le duce
couse (a), stating the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
3	YES NO 🗆
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f (City or town) (County) (Stote)
Hour o. m. While Not while	tary, street, affice bldg., etc.)
	12/60 10 49/ H will have
21 I certify that (I) (this haspital) attended the deceased fram	19 1, mai (i) (we) lost
saw the deceased alive an 1961, and that a	leath accurred a AM, from the causes and an the date stated above.
1/1/2 / 2/	ATTENDING _ MED _ STAFF
70c PHYS CIANIS	M.D PHYS DIRECTOR PHYS 12 Suffely
NAME (Type)	Lasten Houghouse
230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY O STEVEN	SVILLE STEVENSVILLE MD.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS,	250 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Edge & Jane Elich Hill	Mare SEP 11 '61 Outling S. Kroud



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution PLACE OF DEATH o. COUNTY MARYLAND funerol uld be f b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If a tside corparate limits, write RURAL and give nearest town) RURAL and give nearest town) y d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DATE NAME OF DECEASED death. DEATH Pages (Type or print) 9. AGE (In years last birthday) MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months WIDOWED [] 10a USJAL OCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 duting wast of warking life even if retired) 12 CITIZEN OF WHAT COUNTRY? 14 MOTHER 5 MAIDEN NA physici 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address Б attendi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUE TO actuirla le plus chosis Conditions, if ony, which (6) gove rise to immediate DUE TO couse (a), stating the underte has been sig burial-transit lying cause lost PART IL. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY Will de leage 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter/noture of injury in Part) or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg , etc.) Hour a m While Not while at wark of work p. m 21 I certify that (I) (this haspital) attended the deceased fram. , and that death accurred at A.M., from the causes and on the date stated above saw the deceased alive an ed by the DIRECTOR: 22a SIGNATURE ATTENDING MED DIRECTOR 1 feller þe M.D. 22c PHYS C AN S 22d. ADDRESS should NAME (Type) 23a BURIA CREMATION, 236 DATE THEREOF NAME OF CEMETERY OR GREMATORY 23d WCATION (City, town, or county)

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES TO NO K

226 DATE SIGNED

(Stote)

(Stote)

2 when

Days

(County)

25b REGISTRAR'S SIGNATURE

17 11 on 9 4. 11h

25o, REC D BY REGISTRAR

192___, that (I) (we) last

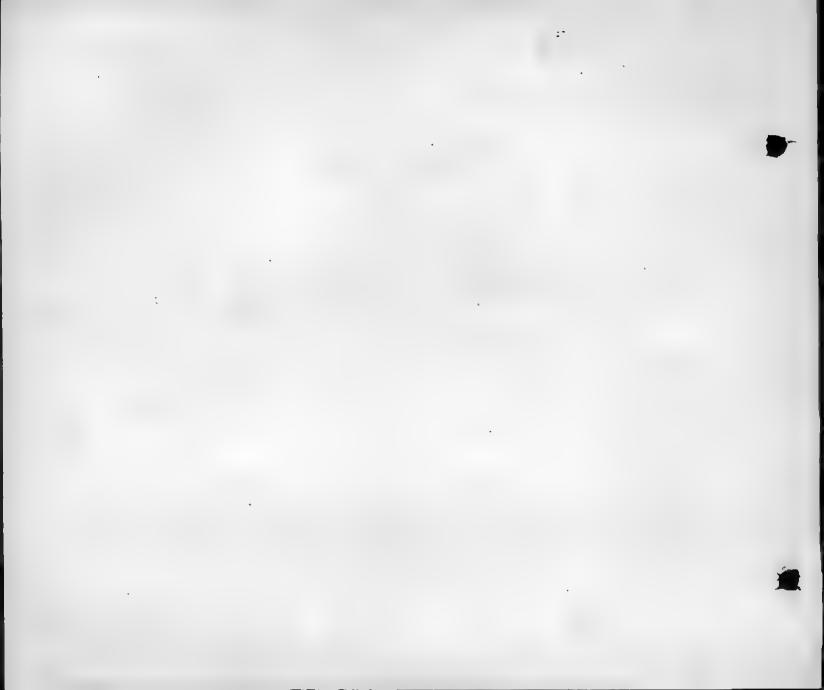
ON A FARM? YES NO NO

Year

19 6

VR A15 (4) 1SM 9/59

24 PUNERAL DIRECTOR'S SIGNATURE



TO HOSPITATION RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the haspital or attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and campletery filled the time the funeral director page 3 should be detached far use as the burial-transit permit. Then please remaine carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaind, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10705

<u> </u>		T	-0 -0 -	- E		120162	-3-3	1000	0
	PLACE OF DEATH a. COUNTY	- items	0,9 & 14	2.	USUAL RESIDENCE WHO	ere deceased live	I wit If institution: I b. COUNTY		Gamission)
L	1 A-1 DOT		MARYLA	ND	New York		b. COUNT		
	b. CITY OR TOWN (If outside corporate li RURAL and give nearest town)	mits, write c. I	LENGTH OF STAY IN	1b	c CITY OR TOWN (If or	utside corporate l	imits, write RURA	L and give near	est fown) .
	L- A	STON	2/ he		New	York			
	OR INSTITUTION AS	give street oddre	ess)		d. STREET ADDRESS		10	~ A .	IS RESIDENCE ON A FARM?
L	Memor	in	HOSPITA	1 1	15 E 92nd.	St.	6 7	123	YES NO TO
3.	NAME OF DECEASED	First	Middle	1/	last	4. DATE OF	Month	Day	Yeor
L	(Type or print) // Abe		L.		1ASline	OF DEATH	apt.	20	0 1961
5	SEX 6 COLOR OR RACI	F 7 MARRIED	NEVER MARRIED	□ B. D	ATE OF BIRTH 1874	9 At			Hours Min.
_	F. W	WIDOWED P	-		ay 22, /1/87	73 87	88 yrs		
100	 USUAL OCCUPATION (Give kind of wor during most of working life, even if retire 	k done 10b. KIND ed)	OF BUSINESS OR I	INDUSTRY	11 BIRTHPLACE (Stote of	or foreign country	'}	12 CITIZEN OF	WHAT COUNTRY?
	Housekeeper	Own	1 Home		New Jers			U.S.	. A.
13	FATHER'S NAME John S:			1	4. MOTHER'S MAIDEN N.	AME			
L	经对应学生在 由本类学中所在					line_B/			h Becker
	. WAS DECEASED EVER IN U. S. ARMED FO		IAL SECURITY NO.	17, INFO	IMANT			lbertor	
	no		none	Mrs	<u>Chester</u>	MSmi	th_St.	. Micha	aels, Mo
	18. CAUSE OF DEATH [Enter only one	,	r (a), (b), and (c).]		-41	. 0	11.		RVAL BETWEEN ET AND DEATH
	PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE	(O) AY	וסרוכות	773	177070	XOL	170/17	74/-	
	ONO 2 1 DUET	ro	/ -						
	Conditions, if any, which)	(b)							
	gave rise to immediate DUE 1	o							
	lying cause last.	(c)							
S S	PART II. OTHER SIGNIFICANT CO	NOTIONS CONT	RIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERMIN	NAL DISEASE COI	NDITION GIVEN	IN PART (a) 19	WAS ALTOPSY PERFORMED?
1									YES NO
CERTIFICATION	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEAT	20b. DESCRIBE	HOW INJURY OCC	URRED (E	nter nature of injury in P	art Lor Part II of	item 18 }		
	(IF EITHER, NOTIFY MEDICAL EXAMINER								
MEDICAL	20c TIME OF INJURY Month, Day, 1 Hour o.m.	fear 20d, INJUR While	Y OCCURRED 20	e. PLACE factory	OF INJURY (Home, form, street, office bldg, etc.)	20f (City or to	own)	(County)	(Stote)
¥E	p m.	at work 🗌	at work	`		1			
١.	21 1 certify that (1) (this haspe	al) attended	the deceased fr	gm	, 19_	and ta		19, the	at (I) (we) last
1/	saw the deceased glive in	17700	0915601h	nat deal	h accurred at IDA	- 4			
	220 SIGNATURE OV	1.1						~	226 DATE
	CELTO	en		M.D.			AFF IYS	20 50=	>7-0/
	22c PHYS CIAN'S NAME (Type)	UC.	L. "101	14	22d ADDRESS >	*	XA.	1	
L	L-L-1	F 70	171774		100	1107	1415	7//2	21701
230	BUR.AL CREMATION 236 DATE THER		NAME OF CEMETE			23d LOCATION	(City town, or co	ounty)	(State)
L	Burial Sept	23, 611	and a	ye C	hurchyard			√Id•	
24	FUNDER DIRECTOR'S SIGNATURE	1	PORESS?	71	/	BY REGISTRAR	25b REGISTRA	AR'S SIGNATURI	Ē
1	WELLIA STALL	10	anton	111	DATE SE	P 2 2 '61	Cast.	1 P 4	



MARYLAND STATE DEPARTMENT OF HEALTH 10705 CERTIFICATE OF DEATH

					401(111		4. 7.				
		COUNTY	00-		MARY		STATE	CE (Where decease	ed fived. If institution		a Carla on
		- C	epis	n T			M	reglan		Haep	4
	.1	RURAL and gy	V (If outside corporation in the	e limits, write	c. LENGTH OF STAY	IN 16	i. CITY OR TOWN	(N (I outside corp	orote limits, write R	URAL and give n	earest town)
v *\	رعر	NAME OF HO	SPITAL (If nat hoppi	tal, give street a	ddressy		d. STREET ADDI			1	e IS RESIDENCE ON A FARM?
9 11		Me R.	isla Mil	KLIKA,	Hame		12 11.19	dustry	~ 		YES 🔲 NO 🛂
	ı ı	NAME OF DECEASED Type or print)	William	First /	Walder	ton	Huris	4. DATE OF DEATH	Spline	Le 2	Day Year 196/
i	5 5	m	6 COLOR OR R	ACE 7. MARRII	DIVORCE	The state of	TE OF BIRTH	79	9 AGP (In years laborthday) yrs	Months Doys	R IF UNDER 24 HR
	100	dishar OCCUP	ATION (Give kind of working life, even if re	rtired)	LEUSINESS O	RINDUSTRY	11 EURTHPLACE	(State or fareign	country)	12 CITIZEN C	OF WHAT COUNTRY
1	13.	COKECT (Proper 7	Lacris		14	HOMES MA	e Pace	reel		
/		WAS DICEASED	EVER IN U. S. ARMED		OCIAL SECURITY NO	defen	AANT TO HE	ruis de	Fey	ex The	ed .
			DEATH (Enter only of DEATH WAS CAUSED IMMEDIATE CAL	BY: //	far (a), (b) and (c)		Kry	rufio	yes		TERVAL BETWEEN
			if ony, which	(b)	Merce	lif	400	Elleli	Helle	Mis :	5 year
		couse (a), stat lying couse to	ing the under-	(c)							<i>y</i>
,	CATION	PART II.	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NOT	RELATED TO TH	E TERMINAL DISEA	SE CONDITION GIV	FEN IN PART 1(0)	PERFORMED?
-	CERT FI	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ! ING CAUSE OF DE IFY MEDICAL EXAMIN	ATH {	RIBE HOW INJURY O	CCURRED. (En	ter noture of in	jury in Port I or Po	ort (I of item 18.)		
	MEDICAL	20c. TIME OF IN Haur a. p.	m.	Year 20d IN While at wark	Not while		F INJURY (Ham street, affice blo		ty ar tawn)	(County	y) (State
		21 certify	that (1) (this has	ortal) aftende	N (a)	. 4//.	CLA7	19/0/ . ta.	23 fch		that (I) (we) ias
		22g GRATUS		OLA	11-	M D	ATTENDING PHYS	MED DIRECTOR [STAFF	d on the do	225 DATE SIGNE
		THE PHYSICIAL NAME (Typ	the Control of the Co				22d. ADDRESS				
	23a	BURIAL CREMA	ATION 235/DATE TH	IEREOF	23: NAM OF CEM	EVEN OR CR	MATORY	23d LOCA	ATIONAC by town	okconuta)	Dep
	24,	FUNERAL BIREC	ONLE SIGNATURE	is (Outen	The		a. REC'D BY REGIS		STRAR'S SIGNAT	TURE Take

Lers after death. Page 4 may be 1. In d by the haspital or attending physic on.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled may the funeral director.

Mage 3 shauld be detached for use as the burral-transit permit. Then please remave carban papers. Pages 1 a.d 2 shauld be filled with the State Board of Health prior to burral, cremation, or remaval, and in any event, within 72 haurs after death. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hi

TO HOSPI

VR A1S (4) ISM 9/S9



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Resident b. COUNTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Z Mount Day Yeor 196 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days Hours Min 12 CITIZEN OF WHAPCOUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES INO I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Port II af item 18.) (County) (State) 1946, that (I) (wer last and that death accurred a 3.3 M. from the causes and on the date stated above 22b DATE SIGNED lawfo, or county) 256 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

1.1	3708	CERTIFICA	TE OF DEATH		
1. PLACE OF DEATH			2. USUAL RESIDENCE (W)	here deceased lived. If institution	ns Residence to lone (3 his ion)
Tal	bot	MARYLAND	Maryla	nd b. COUNTY	Talbot
b CITY OR TOWN (IF a RURAL and give near	nutside corporate limits, writest tawn)	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RU	JRAL and give nearest tawn)
Oxford	are a last to	14 years	X Oxfor	d	
	(If not in haspital, give stre	eet address}	d. STREET ADDRESS	andli	e IS RESIDENCE ON A FARM? YES NO 3
	First	Middle	Last	4 DATE Mont	h Day Year
3. NAME OF DECEASED (Type or print)			6031	OF DEATH OF	/
	LOUIS COLOR OR RACE 7, M	PASSANO ARRIED NEVER MARRIED	8. DATE OF BIRTH	Dept. L.	3. 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS
		OWED DIVORCED DI		lost birthdoy)	Manths Doys Hours Min
Male OCCUPATION	MILLE	ON KIND OF BUSINESS OR INDUS	Feb. 1, 1876		12. CITIZEN OF WHAT COUNTRY
during mast of workin	g life, even if retired)	OR KIND OF BUSINESS OR INDOS	IN II. BIKITILACE (SIDIE	or loreign country)	12. CITIZEN OF WHAT COUNTRY
Cashier 3. FATHER'S NAME		Life Insurance	Maryland 14. MOTHER'S MAIDEN N	TALLE	U.S.
	nand Passano		Ann Bal		
5 WAS DECEASED EVER I	yes, give wor or doller of service)		Ballwin Pas	Addr	Thila.1,
THE CAUSE OF DEATH	L (Satas anku asa asasa as	212-01-8928 JL.	Da Borny 100	SHIND THEFT	INTERVAL SETWEEN
	 Enter only one cause pe WAS CAUSED BY. 	er line for (a), (b), and (c).	n or	- 0	ONSET AND DEATH
11	MMEDIATE CAUSE (a)	- langre	ma left	X eg	1 mont
, 3	DUE TO	0. t.	_	2	1
Canditions, if any		allerot	chronis,	g-enelys	2 10 yrs
cause (o), stating the					
lying cause last.) (c)				
PART II. OTHE	ESIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
200 ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING [] 20b. [CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in I	Port I or Port II of Item (8.)	
Y 20c TIME OF INJURY Hour o.m.	Manth, Day, Year 20a	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home form	, 20f. (City or tawn)	(County) (State
Hour o.m.		nile Nat while fac	tory, street, office bldg., etc	5)	
		ended the deceased from	19	53-to 9/ 13	/, 19 <u>6</u> /, that (I) (we) las
saw the decease	d alive an 9	12/19_6/. and that d			d on the date stated above
22a SIGNATURE	123	P	ATTENDING M	ED. STAFF	226 DATE SIGNEI
22c PHYSICIAN'S NAME (Type)			22d. ADDRESS	RECTOR PHIS.	
	Dr. P. Evans	Cox	Fast	on Maryland	
23a BURIAL, CREMATION,		23c NAME OF CEMETERY O		23d LOCATION (City, town, o	r county) (State)
Burial (Specify)	Sept.15,1961	L Druid Ridge	Cemetery	Baltimore,	Maryland
24 FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
Maurice E.	Newnam & Son	n Easton, Ma	ryland DATE S	EP 1 8 '61 C	witnes & Kraue

TO HOSPITATE DIRECTOR. After this certificate has been signed by the attending physic an.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours of pagedelia.

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10700

CERTIFICATE OF DEATH

10100				
1. PLACE OF DEATH o. COUNTY (a/bot	MARYLAND 2	USUAL RESIDENCE (Where de	b. COUNTY	nc (letyre a) musican)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	a length of stay in 16	c. CITY OR TOWN (If aytside	Corporate limits write RURAL one	give nearest fawn)
d NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION Memore 14 Hospi		d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Middle	Rabbias 4.0	ATE Month	Doy Year
	ED NEVER MARRIED 8	DATE OF BIRTH 4.21, 1882	9 AGE (In years IF UNDE lost birthday) Months	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work dane 10b I digrammost of warmfulfe, even if retired)	KIND OF BUSINESS OR INDUSTR	MI BIRTHPLACE (Store or for	eign country) 12.CI	TIZEN OF WHAT OUNTRY?
13 FAPTIER NAME ROLLINS		14. MOTHER SMAIDEN NAME	e Robbius	Y
15. W&S DECEASED EVER IN U. 5 ARMED FORCES? [16 9] [If yes, give we er dotes of service]	SOCIAL SECURITY NO 17. INFO	RMANT	Address	
18. CAUSE OF DEATH [Enler only one cause per lin PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	e for (o) (b), and (c)] Remic			ONEST AND DEATH
Conditions, if ony, which	teriolar Ne	phroscler	'e-sis	Days.
couse (a), stating the under lying cause lost.		,		/
PART II OTHER SIGNIFICANT CONDITIONS C PART II OTHER SIGNIFICANT C PART I	y for Bev	ligh Prosto	atic Hyperti	PERFORMED?
	BIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1	or Port (I of item 1/6/	
VOID STATE OF INJURY Month, Day, Year 20d IN White p. m. 19 of work	Not while factor	OF INJURY (Home, farm, 20) y, street, affice bldg. etc.)	(City or town)	(Caunty) (State)
21. I certify that (1) (this hospital) attends sow the deceased alive on	/ . /	in occurred of M.	to 9/16, 1916 from the dauses and an th	2_f, that (I) (we) last ne date stoted above.
220 SIGNATURE FILECT	M.E		DR STAFF	9/17 BI
22c PHYSICIANS NAME (Type) Shepard	Krech ir	22d ADDRESS EAS		1d:
230 SURIAL CREMATION. 230-JOATE THEREOF 20/6/	Early C	emeley a	DOCATION (City, town for county)	Gerjuna.
Macule F. Welliam 150	ADDRESS ON, 1	DATESEP 2		A

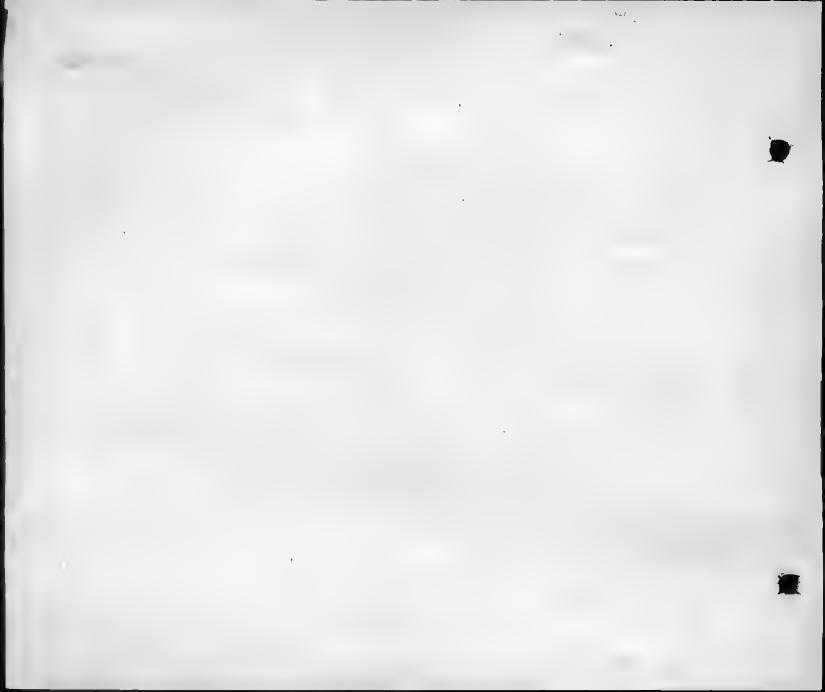
ond 2 should be filled with

TO HOSPIL® OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 F moy be received by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the at ■ding physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban popers. Pages 1 the State Board of Health priar to burial, cremation, ar remavel, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VR A1S (4) 1SM 9/S9



VR A1S [4] 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

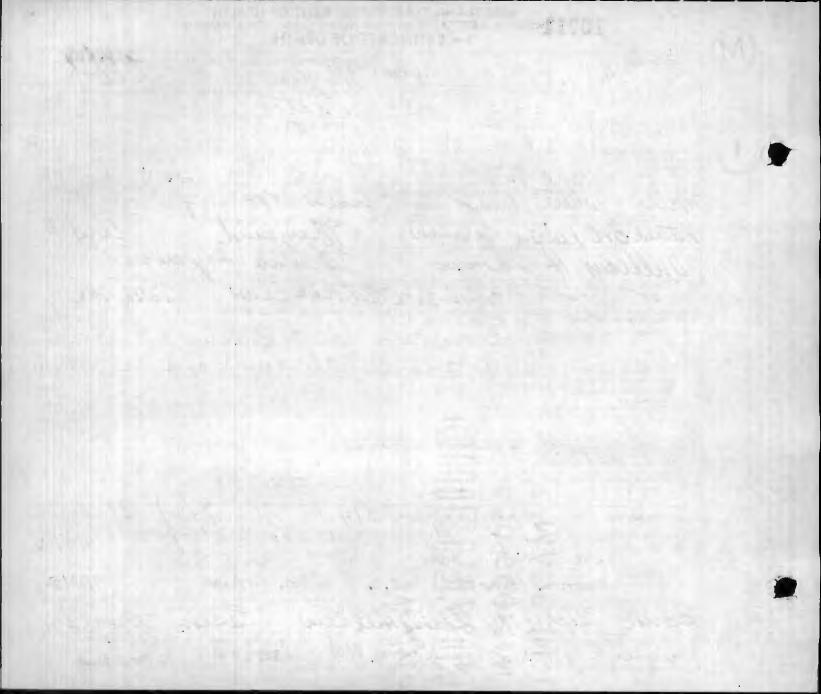
1	<u> </u>	CERTIFICA	IE OF DEATH	97 10/4/61 i	wk 10202					
7	PLACE OF DEATH COUNTY Talbot	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss an) o. STATE Maryland b. COUNTY City							
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) PUTAL - Sherwood	c LENGTH OF STAY IN 16		outside corporate limits, write RI	URAL and give nearest tawn)					
-		o mos.	Balti	TWOLE	1					
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d STREET ADDRESS		o is residence on a farm?					
-	none		4731	Reistertown	Rd. YES TO NO					
3	NAME OF DECEASED (Type or print) Nellie Vi	Middle Painia P	ichardson	4. DATE Mon	th Day Year					
5.	SEX 6. COLOR OR RACE 7 MARI		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.					
Ľ	Female White wow			909 51 yrs	Months Days Hours Min.					
10	during most of warking life, even if retired) LOUSOWOLK Clerk	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY? USA					
13	FATHER'S NAME	7177777777	14. MOTHER'S MAIDEN N		USA					
	John W. Gow, Sr.		Amelia H							
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 II	NFORMANT	Addr	e15					
Į,	no, or unknown) Respectively.	14 18 4755 M	rs. Clyde C	Coleman, Sher	wood, RD, Md.					
	18 CAUSE OF DEATH [Enter only one cause per line PART I DEATH WAS CAUSED BY	ne far (a), (b) and (c)-]	1 2 / 5/2	ill isteres	INTERVAL BETWEEN ONSET AND DEATH					
	IMMEDIATE CAUSE (Q)	11(97 616	67/3	,	1740					
	Condition (Partice)				*					
	gave rise to immediate (
	luing agues lest									
Ι×	PART II OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART I(a) 19 WAS AUTOPSY					
CATION					PERFORMED? YES NO					
L CERTIF	20g ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 20b. DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II af Hem 18.)						
MEDICAL	Haur a.m. While	4 6-	ACE OF INJURY (Hame, farm clary, street, affice bldg., etc	n, 20f (City or town)	(Caunty) (State)					
	21 I certify that (i) (this hospital) afterors saw the deceased alive on 2007.	11 11	- Pt	10/14/6/1	/_, 19//_, that (I) (we) last					
	220. SIGNATURE 22b DATE									
	M.D. PHYS DRECTOR PHYS									
	1 NAME (Type)/	r., M.D.	Tilghman	, Maryland						
23	BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City, town, o	or county) (State)					
	Burial 9/14/61	Methodist	Cemetery	Tilghman . 1	fary land					
24	FUNERAL DIRECTOR'S SIGNATURE	LO DOBESS TOTE	25g. REC	D BY REGISTRAR 256 REGIS	STRAR'S S GNATURE					
L	J. Leeds Moore, Til	ghman, Maryl	and DATESE	P 1 3 '61	- Thous					



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1071 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY A bot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to the data ssion) 6. FOR A COUNTY AND STATE OF THE SECOND STATE OF THE SECON
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY SIGNOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MEMORIA TOSPITAL	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) First Middle	Thomas death Sept. 16 1961
Male will WIDOWED DIVORCED	FUNDER 1 YEAR IF UNDER 24 HRS fost birthdoy) Wanths Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIVIDUAL COLUMN OF BUSINESS	Mayland U.S. a.
13. FATHER'S NAME OF Thomas	14. MOTHERS MARBEN NAME Leymour-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. (If yes, give was of dates of service) 705-10-3052	Mes Paul Elus Caston Mel
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), staling the under-lying cause last. (b) DUE TO (c)	Reart Pailure SIZ day Verotic heart disease Unknow
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature af injury in Part I ar Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to fact the p. m. 19 While at wark at work	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State ctary, street, affice bldg., etc.)
22a, SIGNATURE	death accorred at 3 M, from the causes and on the date stated above 9/10/64 E M.D. ATTENDING MED. STAFF DIRECTOR PHYS. MED. PHYS.
22c. PHYSICIAN'S NAME (Type) Robert W. Trever M. I	22d. ADDRESS Easton, Maryland 9/18/61
236 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OF STRING HE	OR CREMATORY 23d. LOCATION LICity, town, or country (Sporte)
Meurice & Deencem 500 tax ty	Modi 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 2 0 261 Cather & Haved



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 10719

10205

1. PLACE OF DEATH a. COUNTY	lbot		MAR	YLAND 2	o. STATE	ryla		lived. If insti b. COUN	itution: Resid	dence befo	ore odmis	sion)
RURAL ond give	(If autside carporate lim nearest town) —Cordova	its, write	c. LENGTH OF STAY	li li	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural-Cordova							
	ITAL (If not in haspital, g	give street	1 1	1	d. STREET ADDRESS e. IS RESIDENC ON A FARM YES NO							A FARM?
3. NAME OF DECEASED (Type or print)	Annie	rst	Rebece		Voshe	11	4. DATE OF DEATH	-	Month embe:		ру	Yeor 19 61
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR	ED 🔲 8. 0	DATE OF BIRTH			9. AGE (In yes	ors IF UND	ER I YEAI	-	ER 24 HRS
Female	White	WIDOW	ED TE DIVORCI	D J	an. 15	. 18	367	O 1	yrs. Month:	Days	Hours	Min.
during most of wo	ION (Give kind of work srking life, even if retired WOIK	dons 10b.	Housewi	î e	Mar	ylar	nd	untry)	12.0	USA		COUNTRY
13. FATHER'S NAME Willi	am Hopkin	s			14. MOTHER'S /		A COOP	oe r				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INFO			1		Address			
(Yes, no. or unknown)	none	anvice)	none	Mis	s Mary	A.	Voshe	ell, 0	ordo	va, R	D, M	d.
Canditions, if gave rise to cause (a), statin lying cause last	immediate DUE TO	s)	CONTRIBUTING TO DE	ATH BUT NO	DT RELATED TO	THE TERMI	INAL DISEASE	CONDITION	GIVEN IN P	ART 1(a)	PERF	AUTOPSY DRMED?
E 20g. ACCIDENT V	VAS UNDERLYING () IG () CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRED. (Enter noture of	injury in	Port I or Port	11 of item 18.))		123	NO E
Hour o. m												
saw the dece	nat (1) (this haspita ased alive an	1) attend	ded the deceased		accurred			the causes				
220, SIGNATURE	M.c	ATTENDING MED. STAFF SIGNED										
22c, PHYSICIAN'S NAME (Type)	Dawson O	. Ge	orge, M.	D.	Den Den		Mary	yland				
230 SURIAL, CREMAT REMOVAL (Specif Burial		OF 1	23c. NAME OF CEA	Hill	REMATORY Cemet	ery		ton (City, tow	VII, or count	n Land	(Sto	te)
24, FUNERAL DIRECTO	r's SIGNATURE	oll.	ADDRESS Easton.	Md.		25a. REC	D BY REGIST		EGISTRAR'S			

TO HOS VR A15 (4) 15M 9/59

